Reset Form

**Print Form** 



# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificati Number	on	8591		THE TWEN	rt Filed I		andida	ite	X	Comm	in the same				Lobb	yist	
Name of Filing ( Lobbyist	Committee, (	andidate	or		M. Buell				رنے					1			
Street Address				19039	Hillcrest	Drive											
City	Corry					St	ate	PA		Zip Co	de	16407					
Type of Report (	Place x unde	report ty	pe)			a constant de la cons					er sayuur	told with		11000	NAME OF TAXABLE PARTY.	A LIWELING	
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pos Pre-Primary Pre-Primary Primary		Contract Con		Tuesday lection	5- 2 <sup>nd</sup> Fr		6- 30 Da		7- Anr	nual			end Friday	- NO. 2744 (CO.)	al 30 D Electio	
Fie-Filliary	-re-rimary	Primary		Pre- E	lection	Pre- Ele	lection Election Fig		Pre-Election Post		Post-	Electio					
								X									
Date Of Election (MM/DD/YYYY)		11/7	/17	Year		201	7	Amendr Report	nent			Ter	mina ort	tion		X	
Summary of Rec	eipts and	From D	ate		To Date	9					For	Office	Use	Only			
LAPEHUICUIES		10,	/24/17		1	1/27/17											
A. Amount Brou	ght Forward	From Last	Report	\$		0											
B. Total Moneta (From Schedule		ions and R	eceipts	\$	160.00-	committee	debt							VOTER RE	XON 1102		
C. Total Funds A (Sum of Lines A				\$										四 <u>四</u>	ð		
D. Total Expend				\$											(3)	1×	
(From Schedule	(From Schedule III)				710.61										/	$\cup$	
E. Ending Cash B (Subtract Line D				\$							779						
F. Value of In-Ki		A TAILURE THE PARTY OF THE	ved	\$			_	₹. <del></del>									
(From Schedule								37									
G. Unpaid Debts (From Schedule		ions		\$											7		
Part 1- If this is a C	ommittee ren	ort treasure	or cian ha	ro If t	his is a Car		avit Sec										
I swear (or affirm)										lge and b	elief t	rue, co	rrect	and comple	te.		
Sworn to and subs	11	1	_				_			_		^/	1				
29 day of	Hovem	UL 20_	17	_	٠ ١		ل	Down	70 J	JL	U	Oll	)				
A CON	MONWEAU	or Sound	/micv		,	i	/ De	Si enise M. Bu	gnature ell	of Person	Subn	nitting	repor	t			
//	Signature NO	ARIAL SEA	AL.	LVAN	A	'				Printe	d Nam	ie					
My Commission ex	Janet E. G	urdak, Nota	ry Public	:			81	.4			881	-0437					
	My ConMissi	on ExpRAS	July 5R2				Α	rea Code	_	39	Day	ytime 1	Teleph	one Numb	er		
Part II- If this is a re	R. PENNSYLVA					idate chall	cian b	ore.					1000				
I swear (or affirm) amended.									lated an	y provisio	ns of	the Ac	t of Ju	ne 3, 1937	(P.L. 133	3, NO.3	20) as
Sworn to and subs	cribed before	me this															
day of		20															
				-8	1.		3 <del>7 -</del>		Sigr	ature of	Candi	date					
	Signature			-						Printed N	Name						
My Commission ex				_			-		_								
	мо.	DAY	YR.				А	rea Code			Dayt	time Te	elepho	one Numbe	r		

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

	3591
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1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	77	-	
2.0 interinted Contributions and Neceipts-200.00 of Less per Contributor			
Total for the reporting period (	1)	\$	
			0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period (	2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period (	3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (	4)	\$	160.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo Cover Page, Item B)	rt	\$	160.00 (committee paid back the loan from candidate)

#### **PART A**

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

	8591	A STATE OF A STATE OF THE STATE			-1/25-05	
Full Name of a	ntributio -					Amount
Full Name of Co Committee	ontributing N/A			Date [MM/DD/YYYY]	\$ (	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	DESCRIPTION OF THE PARTY OF	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	and be seen as	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
HANT W		<b>公司</b> 请复		1		

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

	8591				
Full Name of Co	ntributor N/A			Date [MM/DD/YYYY]	\$ 0
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		Section 19	Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City	1300010	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	(manufacture)		Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

The Identification	8591		2		
Full Name of Contributing Co	mmittee N/A			Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	to the transfer		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Remark Section (Control	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	hastown	NASAR ARADA	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	and the second		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee		James San Carry St. Jan.	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	100	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	OLD WILLS		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

III Name of Con	(MILEON COMMITTEE OF THE COMMITTEE OF TH			Date [MM/DD/YYYY] \$	
ull Name of Con	tributor N/A			0	
				Date [MM/DD/YYYY] \$	
ouse #	Street Address				
		State	Zip Code	Date [MM/DD/YYYY] \$	
ity					
mployer Name		TANKA SA	Passages and Control of the Control	Occupation	
mployer Mailin				•	
rincipal Place of	The second secon			Date [MM/DD/YYYY] \$	
ull Name of Cor	ntributor			3.4	
House #	Street Address	sl		Date [MM/DD/YYYY] \$	
iouse ii					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
unity.					
Employer Name				Occupation	
Employer Mailir				1000 miles (1773 miles (1774 miles (17	
Principal Place o	DITTO CONTRACTOR OF THE PERSON			Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor				
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
nouse #	Street Addic				
FREEEN GREEN		State	Zip Code	Date [MM/DD/YYYY] \$	
City		150 State (100 St. 2)	4500年代的1000年		
City					
City Employer Name	e			Occupation	
Employer Maili	ng Address /			Occupation	
Employer Name Employer Maili Principal Place	ing Address / of Business				
Employer Name	ing Address / of Business				
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor	.55			
Employer Name Employer Maili Principal Place	ing Address / of Business	SSS .		Date [MM/DD/YYYY] \$	
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor Street Addre		Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	

#### PART E

### **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

ler Identification N	lumber:	8591						Annual Control
ull Name			Let Donies M. D.	all for Dis	trict Magistr	ate ludge		
<b>u</b>	lca-	The Committee to E		en for DIS	mict Magisti	2.2.70080		
louse # 436	Stre	et Address Duane	Street		Zip		Date [MM/DD/YYYY]	\$
ity		Corry	State	PA	Code	16407	11/27/17	160.00
eceipt Descript	ion	Candidate loaned c	ommittee \$160 du	iring the	campaign an	d this check w	as to reimburse candidate for tha	t debt
ull Name								
louse #	Str	eet Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Descript	tion		Lipothy Coll.					
Full Name								
House #	Str	eet Address					l =	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Descrip	ition		12/2/2	56	DO SHARE	500		
Full Name	villa in the							
House #	St	reet Address					To an a long house.	161
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Descrip	ption							
Full Name								
House #	S	treet Address						
City			Stat	e	Zip Code		Date [MM/DD/YYYY	\$
Receipt Descri	iption		land 20		- SAULECTO			
Full Name								
House #	S	treet Address						a 141
City			Sta	te	Zip Cod	е	Date [MM/DD/YYYY	\$
Receipt Descr	ription		NAME OF TAXABLE PARTY.					

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	8591			
1. UNITEMIZED IN-KIND	O CONTRIBUTIONS RECEIVED-VALUE	OF \$50.00 C	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period		\$	0	
2. IN-KIND CONTRIBUTI	IONS RECEIVED-VALUE OF \$50.01 TO	\$250.00 (FF	ROM PART F)	
TOTAL for the reporting period	l (2)	\$	0	
3. IN-KIND CONTRIBUTI	ON RECEIVED-VALUE OVER \$250.00	(FROM PAR	RT G)	
TOTAL for the reporting period	(3)	\$	0	
	TRIBUTIONS DURING THIS REPORTIN t totals from boxes 1, 2, and 3; also $\epsilon$ ltem F)		0	

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	9001
	8351

Full Name of Contributo	r N/A			Date [MM/DD/YYYY]	\$ 0
House #	reet Address			Date [MM/DD/YYYY]	\$
City	St	ate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	ion	SEE	527 (15. 747) (15.2)		
Full Name of Contributo	r			Date [MM/DD/YYYY]	\$
House #	reet Address			Date [MM/DD/YYYY]	\$
City	St	ate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	tion	3092.6	781301925-1.1854		NAME OF THE PARTY
Full Name of Contributo	r			Date [MM/DD/YYYY]	\$
House #	reet Address			Date [MM/DD/YYYY]	\$
City		ate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	tion				
Full Name of Contribute	r			Date [MM/DD/YYYY]	\$
House #	treet Address			Date [MM/DD/YYYY]	\$
City		tate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	Balder and Sugar				
Full Name of Contribute	r			Date [MM/DD/YYYY]	\$
House #	treet Address			Date [MM/DD/YYYY]	\$
City		tate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	tion				5540

# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	8591

Full Name of Co		3000		Date [MM/DD/YYYY] \$
	N/A			0
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ng Address / Principal ss			Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	1007-912-02	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ng Address / Principal ss			Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	)			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	9	106 (1557) 167 167	THE PERSON NAMED IN COLUMN NAM	Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution

# Statement of Expenditures

THE PERSON NAMED IN COLUMN	THE RESERVE TO THE PERSON NAMED IN	
Filer Identification Number:	8591	

To Whom Paid	70 70					Date [MM/DD/YYYY]	\$	
	U.S. Postal Service					10/26/17		331.50
House # 101	Street Address So	uth Center	Street			Description of Expendi	ture	
City Corry		State	PA	Zip Code	16407	Post Card Stamps (975 stam	ps)	
To Whom Paid	Vista Print (online ord	er)				Date [MM/DD/YYYY] 10/29/17	\$	127.19
	E I 2010 CEANAGE WOOD					Description of Expendit	ture	
House #	Street Address	dsonweg 8	3			Description of Experien		
City Venlo - Neti	herlands	State		Zip Code	2938LW	Campaign Brochures qty of	250	
To Whom Paid		==XCXLXXIII C	45 11-2-2			Date [MM/DD/YYYY]	\$	97.00
	The Corry Journal					10/30/17		97.00
House # 28	Street Address W	est South S	it			Description of Expendi	ture	
City Corry	GAS VAN EUROSENION	State	PA	Zip Code	16407	Campaign Ad		
To Whom Paid	(S)	100000000000000000000000000000000000000			All market and a second	Date [MM/DD/YYYY]	\$	Pro-2004
	Facebook Boost					11/1/17		15.00
House # 1	Street Address	ecker Way				Description of Expendi	ture	
City Mento Park	k	State	CA	Zip Code	94025	Boost facebook ad online		
To Whom Paid		A CONTRACTOR OF THE PARTY OF TH		es constitution marror		Date [MM/DD/YYYY]	\$	40.00
	Post Office					11/2/17		49.00
House # 101	Street Address	outh Cente	r Street			Description of Expend	iture	
City Corry	Rendering Early Section	State	PA	Zip Code	16407	Regular stamps for large po	ostcard	s - qty 100
To Whom Paid		- Williams		All sure or		Date [MM/DD/YYYY]	\$	
	The Corry Journal					11/3/17		76.00
House # 28	Street Address	Vest South	Street			Description of Expend	iture	
City Corry	PER CONTROL OF THE PER CONTROL O	State	PA	Zip Code	16407	Newspaper ad		
To Whom Paid	153		g transfer of the second	- Alberta de la constitución de		Date [MM/DD/YYYY]	\$	644.03
	Facebook Boost					11/6/17		\$14.92
House # 1	Street Address	Hecker Wa	у			Description of Expend	iture	
City Mento Par	rk	State	CA	Zip Code	94025	Boost facebook ad online		
To Whom Paid						Date [MM/DD/YYYY]	\$	
							1	
House #	Street Address					Description of Expend	liture	
House #	Street Address	State		Zip	1723	Description of Expend	liture	

#### SCHEDULE IV

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credito	or			Outstanding Balance of Deb	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	)ebt	January Company of Com	I many assessment of a	Tomas I	
Name of Credit	or			Outstanding Balance of Deb	
House #	Street Address	1	DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	Debt				
Name of Credit	or			Outstanding Balance of Deb	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of [	Debt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Name of Credit	or			Outstanding Balance of Del	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of I	Debt	N-Month of the	0230015000000000000000000000000000000000	, instant	
Description of t				Outstanding Balance of Deb	
	or the state of			Outstanding balance of Del	
Name of Credit	or Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$ \$	
Name of Credit House # City	Street Address	State			
Name of Credit House # City	Street Address	State	[MM/DD/YYYY]		
Name of Credit House #  City  Description of (	Street Address Debt	State	[MM/DD/YYYY]	\$	
Name of Credit	Street Address Debt	State	[MM/DD/YYYY]		